

# YMCA 2015 Emergency & Health Information Form

Please fill out completely and return to:

**YMCA Customer Service Center • 2125 East Hennepin Avenue • Minneapolis, MN 55413 • P 612 230 9622 • F 612 223 6322**

Please use one form per child and print neatly. Use full legal names for all parties.

Child's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender:  F  M

Child's Nickname \_\_\_\_\_ Grade in Fall 2015 \_\_\_\_\_ Age \_\_\_\_\_ This is my \_\_\_\_\_ year in YMCA Summer Programs.

**Friends you would like to be grouped with:** (To ensure positive group dynamics, please limit two friends per request who are within the same age group.)

Child resides with  Mother  Father  Both  Other \_\_\_\_\_

#1 Parent/Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Birthdate \_\_\_\_\_ Gender:  F  M Home Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

#2 Parent/Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Birthdate \_\_\_\_\_ Gender:  F  M Home Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Race/Ethnic Background (optional):**

Black or African American  White  Hispanic or Latino  American Indian/Alaskan Native  Asian or other Pacific Islander  Other \_\_\_\_\_

**EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION**

The following people should be contacted in case of emergency, only if parent(s) or guardian cannot be reached AND are authorized to pick up the child:

1. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

Carrier \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Month, date and year of most recent immunizations: **Information required including specific dates. Or attach Immunization Record.**

DTP \_\_\_\_\_ Polio \_\_\_\_\_ Hep. B \_\_\_\_\_

MMR \_\_\_\_\_ HIB \_\_\_\_\_ Hep. A \_\_\_\_\_

Tetanus \_\_\_\_\_ VAR \_\_\_\_\_ PCV \_\_\_\_\_

Or Conscientious Objector

Parent/Guardian Signature \_\_\_\_\_

Is the child taking any medications?  Yes  No

If yes, what kind and why: \_\_\_\_\_

**If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.**

**Has child had any of the following? If so, please explain:**

Allergies \_\_\_\_\_

Dietary restriction/s \_\_\_\_\_

Special Need/s \_\_\_\_\_

Status of child's vision, hearing, and speech \_\_\_\_\_

Does your child have a communicable disease or condition which may prove to be a risk to others?  Yes  No

If yes, please comment: \_\_\_\_\_

Description of any camp activities from which the camper should be exempted for health reasons: \_\_\_\_\_

**Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at YMCA programs:** \_\_\_\_\_

**Record of Past Medical Treatment. Chronic Concerns:** Check all that pertain to this camper/participant and provide information about supportive health care. Please check parent handbook for restrictions on staff administration of medication.

Asthma  Convulsions/Epilepsy

Diabetes  Hypertension

Frequent Ear Infections  Surgeries

Bleeding/Clotting Disorder  Heart Defect/Disease  Other: \_\_\_\_\_

Provide information about health care need for each item checked : \_\_\_\_\_

If special accommodations are required, contact the YMCA Customer Service Center at 612-230-9622 to be directed to appropriate staff.

